

# ANNUAL INDIVIDUAL OCCUPATIONAL TAX RETURN

## CITY OF MARION, KENTUCKY

(To be filed by all employees whose employer did not withhold Occupational Tax)

[ ]

[ ]

FOR TAX YEAR ENDED
SOCIAL SECURITY NO.
ACCOUNT NUMBER

1. Wages, salaries, tips and other employee compensation .....\$ \_\_\_\_\_  
(as shown on Forms W-2)
2. Deduct exempt income (per schedule below).....\$ \_\_\_\_\_
3. Adjusted Gross Income (Line 1 minus Line 2).....\$ \_\_\_\_\_
4. Occupational License Fee on Adjusted Gross Income.....\$ \_\_\_\_\_  
(Line 3 x  $\frac{3}{4}$  of 1%)
5. Credit for quarterly tax paid.....\$ \_\_\_\_\_
6. Balance of tax due.....\$ \_\_\_\_\_
7. Interest and Penalty (See instructions).....\$ \_\_\_\_\_
8. **TOTAL DUE**.....\$ \_\_\_\_\_

I hereby certify that this return has been examined by me and the information contained herein is true, correct and complete.

(SIGN HERE) \_\_\_\_\_ (DATE) \_\_\_\_\_

MAKE CHECK PAYABLE  
AND MAIL TO:

CITY TREASURER  
217 S. Main St.  
Marion, Kentucky 42064